PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required), Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notifica	correspondence including delegations.	ng the Patent, advance on herwise in Block 1, by (a	rders and notification a) specifying a new co	of m	aintenance fees woondence address;	ill be i and/or	mailed to the current of the current	correspondence address as ate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)) Transmittal, This	s certifi	icate cannot be used fo	domestic mailings of the r any other accompanying t or formal drawing, must	
6449	nave								
ROTHWELL, FIGG, ERNST & MANBECK, P.C. 1425 K STREET, N.W. SUITE 800					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
WASHINGTON, DC 20005					(Depositor's name)				
								(Signature)	
								(Date)	
APPLICATION NO.	FILING DATE	<u></u>	FIRST NAMED INVENT	FOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/613,018									
TITLE OF INVENTION: DETERMINATION OF A SPECIFIC IMMUNOGLOBULIN USING MULTIPLE ANTIGENS									
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300		\$0		\$1810	10/27/2009	
EXAMINER		ART UNIT	RT UNIT CLASS-SUBCLAS						
STEELE, AMBER D		1639	506-009000	_					
l. Change of corresponde CFR 1.363).	ence address or indication		or printing on the patent front page, list Rothwell, Figg,						
	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,								
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3						
PTO/SB/47; Rev 03-0: Number is required.	2 or more recent) attach	2 registered patent listed, no name will	attori l be p	neys or agents. If r rinted.	no nam	e is 3			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Roche Diag	Mannheim, Germany								
Please check the appropriate assignee category or categories (will not be printed on the patent):									
ta. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)									
☐ Issue Fee ☐ A check is enc						• •	• •		
					dit card. Form PTO-2038 is attached. nereby authorized to charge the required fee(s), any deficiency, or credit any Deposit Account Number 02-2135 (enclose an extra copy of this form).				
		1 -1>	overpayment, to D	epósi	t Account Numbe	r <u>02-</u>	2135 (enclose an	extra copy of this form).	
	us (from status indicated SMALL ENTITY statu		☐ b. Applicant is no	longe	er claiming SMAL	L ENT	ITY status. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and neterest as shown by the re	Publication Fee (if requeeords of the United State	nired) will not be accepted tes Patent and Trademark	from anyone other the Office.	an the	e applicant; a regis	stered a	ttorney or agent; or the	assignee or other party in	
Authorized Signature	Med	fille		····	Date Oct	ober	27, 2009		
Typed or printed name	Monica Chin	Kitts			Registration N	o	36,105		
This collection of informa	ation is required by 37 C	FR 1.311. The information	on is required to obtain	or re	tain a benefit by th	ne publi	ic which is to file (and	by the USPTO to process)	
ubmitting the completed his form and/or suggestic Box 1450, Alexandria, Vi	application form to the ons for reducing this bur reginia 22313-1450. DO	USPTO. Time will vary den, should be sent to the NOT SEND FEES OR (depending upon the in chief Information Of COMPLETED FORMS	ndivion fficer TO	fual case. Any con, U.S. Patent and THIS ADDRESS.	mments Fradem SEND	s on the amount of time ark Office, U.S. Depart Office, TO: Commissioner for	by the USPTO to process) a gathering, preparing, and e you require to complete the threat of Commerce, P.O. or Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.